

**THOMPSON
HINE**

BRUSSELS CINCINNATI CLEVELAND COLUMBUS DAYTON NEW YORK WASHINGTON, D.C.

FAX COVER PAGE

PAGES: 4 including cover

DATE: December 23, 2003

FROM: Pixie I. Picketts, IP Assistant
614.469.3394
Pixie.Picketts@ThompsonHine.com

TO: Commissioner of Patents
USPTO

PHONE:
FAX: 703-872-9306

RECEIVED
CENTRAL FAX CENTER

DEC 29 2003

OFFICIAL

Patent App. No. 10/676,516
Title: METHOD FOR MANAGING THE HEALTHCARE OF MEDICAL PATIENTS
Inventor: Gary W. Erwin
Filed: 10/1/03

Please see attached Transmittal of Information Disclosure Statement and Information Disclosure Citation Sheet.

Problems with transmission? Call Pixie I. Picketts at 614/469-3394.

pp 01905.036806.00438 399533.1

CONFIDENTIALITY NOTICE: THE INFORMATION IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE RECIPIENT LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR A PERSON RESPONSIBLE FOR DELIVERING THIS TRANSMITTAL TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF THIS TRANSMITTAL IS PROHIBITED. IF YOU RECEIVED THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY US AND RETURN THE TRANSMITTAL TO US AT OUR EXPENSE.

THOMPSON HINE LLP
ATTORNEYS AT LAW

10 West Broad Street
Suite 700
Columbus, Ohio 43215-3435

www.ThompsonHine.com
Phone 614.469.3200
Fax 614.469.3361

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. 036806.00438
In Re Application Of: William Gary Erwin			
Serial No. 10/676,516	Filing Date 10/1/03	Examiner	Group Art Unit
Title: METHOD FOR MANAGING THE HEALTHCARE OF MEDICAL PATIENTS			
<p style="text-align: center;">Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: center;">37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="padding-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;"><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>			

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. 036806.00438
In Re Application: William Gary Erwin			
Serial No. 10/676,516	Filing Date 10/1/03	Examiner	Group Art Unit
METHOD FOR MANAGING THE HEALTHCARE OF MEDICAL PATIENTS			
<p style="text-align: center;">Payment of Fee</p> <p style="text-align: center;">(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 20-0809 as described below.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Transmission by Facsimile*</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F703-872-9306) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ Signature </div> <div style="border: 1px solid black; padding: 5px;"> Pixie I. Picketts Typed or Printed Name of Person Signing Certificate </div> </div> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px;"> _____ Typed or Printed Name of Person Mailing Certificate </div> </div> </div> <p style="margin-top: 10px;">*This certificate may only be used if paying by deposit account</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 45%;"> _____ Signature </div> <div style="width: 45%;"> Dated: 12-23-2003 </div> </div> <p style="margin-top: 10px;"> Michael A. Forhan, Esq. Reg. No. 46,706 Thompson Hine LLP, 10 W. Broad St., Suite 700 Columbus, OH 43215-3435 Phone: 614/469-3263 Fax: 614/469-3361 </p> <p style="margin-top: 20px;">cc:</p>			

INFORMATION DISCLOSURE CITATION <i>(Use several sheets if necessary)</i>				ATTY DOCKET NO. 036806.00438		SERIAL NO. 10/676,516	
				William Gary Erwin			
				FILING 10/1/03		GROUP	
U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	1	5,018,067	5/21/91	Mohlenbrock, et al.	600	300	7/29/87
	2	5,544,044	8/6/96	Leatherman	705	3	8/2/91
	3	5,924,074	7/13/99	Evans	705	3	9/27/96
	5	6,151,581	11/21/00	Kraftson, et al.	705	3	12/16/97
	5	6,381,576	4/30/02	Gilbert	705	2	12/16/98
	6	6,438,533	8/20/02	Spackman, et al.	706	45	10/29/99
	7	2002/0007287	1/17/02	Straube, et al.	705	3	12/18/00
	8	2002/0072933	1/13/02	Vonk, et al.	705	2	6/15/01
	9	5,903,889	5/11/99	de la Huerga, et al.	707	3	6/9/97
	10	3,872,448	3/18/75	Mitchell, Jr.	340	172.5	11/11/72
FOREIGN PATENT DOCUMENTS							
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES NO
OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)							
EXAMINER				DATE CONSIDERED			

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.